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24/41/72591

Regarding "Complications of peripheral arteriography"

To the Editors:

The report by Egglin et al. on "Complications of peripheral arteriography: A new system to identify patients at increased risk" (J Vasc Surg 1995;22:787-94) was based on the analysis of complications among 549 patients. For reasons of completeness and to avoid the possible confusion of future investigators, I submit the following additional information.

The material included in the paper by Egglin et al. was a subset of 926 patients who underwent 1018 non-cardiac, non-neurologic vascular radiologic procedures at the Massachusetts General Hospital in Boston.

The procedures were performed during a 6-month period from September 1987 to March 1988. This information is essential as angiographic methods and technology change.

Initial communication of complications on all 926 patients was through a presentation at the 74th Annual Meeting of the Radiological Society of North America (RSNA) in 1988. Reference should have been made to the relevant abstract.[1]

Stratification of complications of arteriography according to diagnosis may be an interesting statistical exercise; however, it has little or no clinical relevance. It is too simplistic to suggest a complication rate of 0.7% among "all" patients undergoing arteriography for suspected aneurysm or trauma. Obviously, the severity of the underlying clinical condition is the crucial factor. There are scoring systems to account for clinical severity. The study, however, had not been designed to evaluate this variant. As a result relevant data were not collected prospectively, and no analysis is feasible. The low complication rate among patients studied for aneurysm or trauma reflects a high preponderance of elective studies in patients with abdominal aortic aneurysms and in others undergoing the so-called "proximity" studies (proximity of a wound to a major vessel). The former are performed before surgery in stable patients. The latter are usually performed in young patients with stab or gunshot injuries, patients in good general clinical condition. It must be understood that there are other patients undergoing angiography for trauma or aneurysm who may be in clinical distress. I doubt that the incidence of complications of arteriography would be low in these strata.

Lastly, it would be appropriate to acknowledge the major contribution to this work of Drs. Janette S. Denham-Durham, Fred L. Steinberg, Barbara H. Byse, T. Gregory Walker, and Stuart C. Geller. The help of these physicians was instrumental in the design of the study, the performance of the procedures, the collection of follow-up data, and the initial analysis of the results.

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A new carotid clamp that facilitates distal internal carotid exposure

To the Editors:

Exposure of the distal internal carotid artery is a critical maneuver during carotid endarterectomy. To achieve complete removal of the obstructing lesion, a sufficient length of vessel distal to the anticipated endarterectomy endpoint assures that all of the plaque will be removed and leave a smoothly feathered edge. Poor exposure usually results in

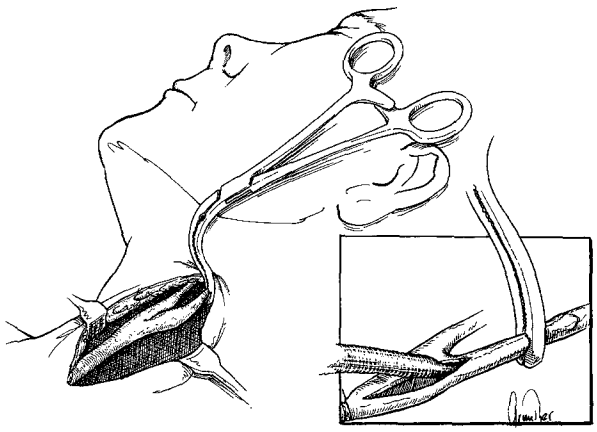

Fig. 1. Orientation of clamp resting on cheek and curving around mandible to control distal internal carotid artery. *Inset* shows clamp modification for use with 3 mm × 4 mm Sundt shunt.